

**EMT-I REGULATORY TASK FORCE
MEETING MINUTES
May 25, 2000 – Oakland International Airport**

I. Introduction

Self-introductions were made.

Members in attendance:

From the EMS Authority:

Maureen McNeil
Sean Trask
Lois Williams
Richard Watson

Anne Bybee, CPPD North
Elaine Dethlefsen, CA Council of EMS Educators
Donna Ferracone, Public Member
Bruce Haynes, MD, EMDAC
Gloria Huerta, So. CA Fire Chiefs
Pat Kramm, Educational Technical Advisory Panel for Commission on EMS
Steve Maiero, California State Firefighters Association?
Debbie Meier, Nor-Cal Fire Chiefs
John Pritting, EMSAAC
Kevin White, CA Professional Firefighters

Alternates in attendance:

Bruce Kenagy, CA Assn of Health Maintenance Organizations
Veronica Shepardson, CPPD South

Members Absent:

Nancy Casazza, CA Nurses Association
Sally McGregor, CDF/State Fire Marshal
Bob Repar, CA Peace Officers Association
Todd Wilhoyte, EMT-P Service Employees

II. Agenda was approved as written

III. Approval of Minutes

Minutes from the April 24, 2000 meeting were reviewed and approved after the following changes were made: Item III B 1) The last sentence was clarified to assist the patient in taking their medications; Item III B 2) and 3) the Title 22 Section numbers were corrected.

IV. Action Items for Discussion

A. Advanced EMT-I program alternatives:

Dr. Bruce Haynes and Mr. John Pritting presented the program developed for Imperial County EMT-I Trial Studies, which adds the following ALS interventions to their EMT-I scope of practice:

1. Use of esophageal-tracheal airway device (Combitube)
2. Administration of the following medications:

Albuterol or other Beta Agonist, via nebulizer
Activated Charcoal, P.O.
Aspirin, chewable
Epinephrine 1:1,000 subcutaneous injection
Glucagon, intramuscular injection
Naloxone, intramuscular injection
Nitroglycerin, sublingual

Attached documentation provided by Dr. Haynes and Mr. Pritting describes the proposed training and testing to add this to Optional Skills in the EMT-I regulations. Imperial County conducted 4 successive classes in using these skills, then tracked the usage for 3 years (160 cases). The results of their studies indicated to them that the intubation or medication administration was accurate/appropriate, and that it decreased the need for ALS response to patients by up to 45 minutes in their community. Their initial intent was to meet the needs of the rural communities. They performed a 100% audit and they had mandatory C.E. training and skills testing (once a month for the first 6 months, then 2/year thereafter on Combitube and Epi injection). Their studies were published last year (October / December 1999) in Prehospital Emergency Care magazine.

Dr. Haynes stated in conclusion that it is probably more appropriate to put this training/skills into the EMT-II (EMT-Intermediate) category in California regulations. He did state that this opinion would probably not be supported in the EMS community in his area.

B. Comparison of State Regulations and the DOT Curriculum

A sub-committee consisting of Maureen McNeil, Nancy Steiner, Lois Williams, Aaron York and Anne Bybee met earlier in May to start the process of comparing the new D.O.T. curriculum to the current course content requirements listed in Title 22. The group reported the following:

1. The comparison is not easy and is subjective to a certain degree because terminology is does not always match. It is also difficult to compare the breadth and depth of any given topic.
2. D.O.T. does not have the pathophysiology detail that Title 22 has. In general, it provides detailed instructions on emergency care, but it does not teach the nature of illnesses.
3. D.O.T. is much stronger in skills training.
4. D.O.T. is more basic in its education and training.
5. There is a concern that if we add the advanced scope of practice and we adopt the D.O.T. curriculum, the students graduating from EMT programs will not have the academic background for these skills.

The following points were made during the discussion:

1. D.O.T. curriculum is intended to be “minimum” training, but it is 110 hours compared to current Title 22 at 114 hours.
2. It was suggested that we adopt D.O.T. curriculum and allow programs to add to this foundation. It was stated, however, that many programs fear they would not be given approval to add to the minimum requirements in Title 22.
3. It was agreed that there are strengths in each approach/curriculum. Members felt they would like to see stronger emphasis on skills training

and testing, but wanted to keep fundamental A&P education as well.

4. At this time there are programs that “balance” the D.O.T. curriculum and the Title 22 requirements because they use the National Registry exam, and this exam follows the D.O.T. curriculum.
5. Imperial County representatives felt that they could effectively teach their suggested Optional Scope training program to individuals who had their basic training from a program that follows the D.O.T. curriculum.
6. Question was asked: Does California **need** to be different from the rest of the country?
7. It was stated that even with current curriculum requirements the presentation by individual instructors determines whether a program is strong in skills and/or strong in A&P.
8. It was suggested that we use the D.O.T. curriculum as our basis and either:
 - a. add to it on a state-wide basis through regulations, or
 - b. allow accreditation within counties with Optional Scope skills/training
9. Question was raised: should the State mandate the curriculum for Optional Scope skills?
10. It was recommended that items on P. 4 of current Title 22 regulations for EMT-I (ability to transfer patients with specific medical situations or needs) be kept in the regulations as this prepares individuals for employment.
11. It was agreed that a full comparison of the two curricula is imperative, but the members encouraged each other to search for other groups already doing this time-consuming and difficult task (Vision Committees? EMT programs??).

The following conclusions were agreed upon by members present:

1. Adopt the D.O.T. curriculum and add to it the state-specific needs.
2. Adopt state-wide Optional Scope training following the program proposed by Imperial County.

C. Work Plan:

The following previously identified issues were combined because they fall into the same or similar categories:

1. Curriculum, Terminology and Clinical/Field Hours were combined;
2. Exam Administration and Testing were combined;
3. Scope was left in its own category;
4. Licensure was left in its own category;

The following sub-committees were established to continue on into the next phase of work on tasks identified by the group:

1. Sean Trask, Donna Ferracone, and Gloria Huerta will continue working on curriculum comparison. They will also ask Carol Gunther (Vision Education Committee) to participate if this is a project she has already started.
2. Kevin White, John Pritting, and Gloria Huerta will work on Licensure issues.
3. Pat Kramm, Steve Maiero and Bruce Kenagy will work on a project comparing the responsibilities of the state EMSA versus those of the local EMS Agencies. It will also compare processes between each EMS Agency.

IV. Dates for next meeting:

The June meeting was cancelled to allow Sean Trask time to get caught up with his new role at the EMS Authority and to allow the subcommittees more time to work on their projects.

Next meeting was set for July 26th, at the Ontario Airport. Final plans will be distributed by EMSA representatives.

